

through the use of alternative payment models. To this end, CMS launched the Health Care Payment Learning and Action Network, an effort to accelerate the transition to alternative payment models, identify best practices in their implementation, collaborate with payers, providers, consumers, purchasers, and other stakeholders, and monitor the adoption of value-based alternative payment models across the health care system. A system wide transition to alternative payment models will strengthen the ability of CMS to implement existing models and design new models that improve quality and decrease costs for CMS beneficiaries.

The information collected from LAN participants will be used by the CMS Innovation Center to potentially inform the design, selection, testing, modification, and expansion of innovative payment and service delivery models in accordance with the requirements of section 1115A, while monitoring progress towards the Secretary's goal to increase the percentage of payments tied to alternative payment models across the U.S. health care system. In addition, the requested information will be made publically available so that LAN participants (payers, providers, consumers, employers, state agencies, and patients) can use the information to inform decision making and better understand market dynamics in relation to alternative payment models. *Form Number:* CMS-10575 (OMB control number: 0938-NEW); *Frequency:* Occasionally; *Affected Public:* Individuals; Private Sector (Business or other For-profit and Not-for-profit institutions), State, Local and Tribal Governments; *Number of Respondents:* 9,570; *Total Annual Responses:* 20,280; *Total Annual Hours:* 49,432. (For policy questions regarding this collection contact Dustin Allison at 410-786-8830)

Dated: June 23, 2015.

**William N. Parham, III,**

*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request; State Annual Long-Term Care Ombudsman Report and Instructions

**AGENCY:** Administration for Community Living/Administration on Aging, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Submit written comments on the collection of information by July 27, 2015.

**ADDRESSES:** Submit written comments on the collection of information by fax 202.395.5806 or by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov), Attn: OMB Desk Officer for ACL.

**FOR FURTHER INFORMATION CONTACT:** Louise Ryan, telephone: (202) 357-3503; email: [louise.ryan@acl.hhs.gov](mailto:louise.ryan@acl.hhs.gov).

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance.

States provide the following data and narrative information in the report:

1. Numbers and descriptions of cases filed and complaints made on behalf of long-term care facility residents to the statewide ombudsman program;
2. Major issues identified impacting on the quality of care and life of long-term care facility residents;
3. Statewide program operations; and
4. Ombudsman activities in addition to complaint investigation.

The report form and instructions have been in continuous use, with minor modifications, since they were first approved by OMB for the FY 1995 reporting period. This request is for approval to extend use of the current form and instructions, with no modifications, for three years, covering the FY 2015-2017 reporting periods.

The data collected on complaints filed with ombudsman programs and narrative on long-term care issues provide information to Centers for Medicare and Medicaid Services and others on patterns of concerns and major long-term care issues affecting residents of long-term care facilities. Both the complaint and program data

collected assist the states and local ombudsman programs in planning strategies and activities, providing training and technical assistance and developing performance measures.

A reporting form and instructions may be viewed in the ombudsman section of the AoA Web site, [http://www.aoa.acl.gov/AoA\\_Programs/Elder\\_Rights/Ombudsman/index.aspx](http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/Ombudsman/index.aspx) AoA estimates the burden of this collection and entering the report information as follows: Approximately 7702 hours, with 52 State Agencies on Aging responding annually.

Dated: June 23, 2015.

**Kathy Greenlee,**

*Administrator and Assistant Secretary for Aging.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### Final Priority; National Institute on Disability, Independent Living, and Rehabilitation Research— Rehabilitation Research and Training Centers

**AGENCY:** Administration for Community Living, Department of Health and Human Services.

**ACTION:** Final priority.

CFDA Number: 84.133B-4.

**SUMMARY:** The Administrator of the Administration for Community Living announces a priority for the Rehabilitation Research and Training Center (RRTC) Program administered by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Specifically, we announce a priority for an RRTC on Self-Directed Care to Promote Recovery, Health, and Wellness for Individuals with Serious Mental Illness (SMI). The Administrator of the Administration for Community Living may use this priority for competitions in fiscal year (FY) 2015 and later years. We take this action to focus research attention on an area of national need. We intend for this priority to contribute to improved health and wellness for individuals with serious mental illness.

**Note:** On July 22, 2014, President Obama signed the Workforce Innovation Opportunity Act (WIOA). WIOA was effective immediately. One provision of WIOA transferred the National Institute on Disability and Rehabilitation Research (NIDRR) from the Department of Education to the Administration for Community Living